



Department of Land and Natural Resources
Division of Forestry and Wildlife
Na Ala Hele Trail and Access Program

Date: _____

Application For Advisory Council Membership

Island: Kauai Oahu Molokai Lanai Maui **Hawaii**

Name: _____

Address: _____

Phone: Business _____ Home _____ Cellular _____

E-mail _____ Fax _____

Occupation: _____

Trail User Group: _____

Why are you interested in serving as a member of the Advisory Council?

What skills and/or knowledge would you contribute to the Na Ala Hele Program?

What would you like to see the Na Ala Hele Program Accomplish?

(Revised: 4/03)

* Mail to: Na Ala Hele Program Manager
19 E Kawili St
Hilo, HI 96720